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PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 12/21/2005

Milliken & Company
920 Milliken Road, M-495
Spartanburg, SC 29303
02/23/2006 TBESHAR2 00000041 040500 10044173

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

CHERYL J. BRICKEY (Depositor's name)
(Signature)
FEBRUARY 22, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/044,173	10/22/2001	Elizabeth Carter	5335	1600

TITLE OF INVENTION: TEXTILE SUBSTRATE HAVING COATING CONTAINING MULTIPHASE FLUOROCHEMICAL AND CATIONIC MATERIAL THEREON FOR IMAGE PRINTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	03/21/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RUDDOCK, ULA CORINNA	1771	442-079000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorney's or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 TERRY T. MOYER 2 CHERYL J. BRICKEY 3 JEFFERY E. BACON
------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MILLIKEN & COMPANY 920 Milliken Rd., Spartanburg, SC 29303 USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):
<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check in the amount of the fee(s) is enclosed.
<input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.
<input type="checkbox"/> Advance Order - # of Copies _____	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0500 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)	
<input type="checkbox"/> a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	<input type="checkbox"/> b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.
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Authorized Signature Cheryl Brickey

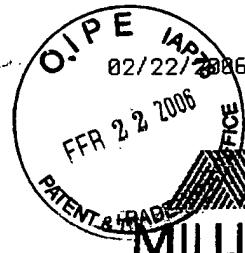
Date FEBRUARY 22, 2006

Typed or printed name CHERYL J. BRICKEY

Registration No. 56,891

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Legal Department
Milliken & Company, (M-495)
920 Milliken Road
P.O. Box 1926
Spartanburg, SC 29304

Fax

To:	Mail Stop ISSUE FEE US PTO Commissioner for Patents	From:	CHERYL J. BRICKEY
Fax:	(571) 273-2885	Fax:	(864) 503-1999
Phone:		Phone:	(864) 503-1540
Subject:	Application of: Cates et al. Serial Number: 10/044,173 Filed: October 22, 2001 Group Art Unit: 1771 Examiner: Ruddock, Ula Corinna CBSE #: 5335	Date:	Wednesday, February 22, 2006
Copies:		Pages:	2, including cover

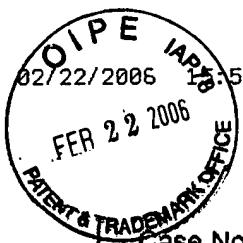
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- This fax transmittal: 1page
- Issue Fee Part B – Fee Transmittal, with copy thereof: 1page

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Notice Of Allowance Check List

Case No.: 5335

Application Serial No.: 10/044,173

II. Examiner's Amendments and/or Reasons for Allowance Received

III. Claims as Allowed - Attach copy of Claims as allowed.

IV. Continuations / Divisionals / C-I-Ps

A. Other Related US Applications: Yes No

Case No.	Status (Pending/Issued/Abandoned)	Patent or Application No.

B. Restrictions/Elections: Yes No

Group No.	Claim Nos.	Elected?	
		Yes	No

C. Claim Scope Review By Attorney/Agent: Yes

V. Prior Art

A. Cited Prior Art - Attach copy of all Forms PTO-1449 and PTO-892 *art is up to date*

B. International/Foreign Applications – List all international applications (PCT) and all Foreign Countries into which applications were applied:

C. Discovered Prior Art Citation Check – Check each of the following to ensure that any potential reference from each of the following sources was listed in the Cited Prior Art:

Source	All References Cited?	
	Yes	No
Invention Record	<input checked="" type="checkbox"/>	
Searches	<input checked="" type="checkbox"/>	
Written Application	<input checked="" type="checkbox"/>	
File	<input checked="" type="checkbox"/>	
Foreign Search Reports	<input checked="" type="checkbox"/>	
Other	<input checked="" type="checkbox"/>	

VI. Assignment

A. Assigned to the Correct Entity (i.e. Milliken & Company, Milliken Ind. etc.)

B. Executed by all Inventors: Yes NoC. Recorded: Yes No Reel: _____ Frame: _____VII. Drawings – Check Drawing Requirements – Formal Submitted Yes NoChecked and Approved by: Date: _____Cut Check? Yes No Due Date: _____

Allowance Check List JB030117